

**COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING
EMPLOYMENT OR TERMINATION FORM**

AGENCY LICENSE #: _____ CITY/STATE: _____

AGENCY NAME (as on license): _____

Use ONE form for each employment period.

Please note in margin if person is deceased.

Pursuant to Rule 390:35-11-2 Licensed security agencies and investigative agencies shall notify CLEET, in writing, of the employment and/or termination of all licensed security guards, armed security guards, or private investigators employed or terminated by said agency. Notification shall be made within five (5) days of the employee's hiring and/or termination, and shall include the employee's name, social security number, and private security license number. Failure to comply may result in fines and/or penalties being assessed Pursuant to Rule 390:35 Appendix 'C'.

NOTICE OF EMPLOYMENT

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>SSN</u>	<u>License Number</u>	<u>Date Employed</u>
_____	_____	_____	XXX-XX-_____	_____	_____

EMPLOYEE:

- | | |
|--|---|
| <input type="checkbox"/> The individual named above has been employed as a security guard. | <input type="checkbox"/> Continued Employment Renewal |
| <input type="checkbox"/> The individual named above has been employed as a private investigator. | <input type="checkbox"/> INACTIVE EMPLOYEE EFFECTIVE |
| | A. Leave Begin _____/_____/_____ |
| | B. Return to Duty _____/_____/_____ |

This notice of employment is to inform CLEET that the above named person has been employed by this agency and will be covered under the agency's liability insurance.
 This notice is approved to replace a letter of employment and proof of insurance. It is not necessary to attach proof of your agency's insurance.

_____	_____	_____
Print Name of Manager or Designee	Signature of Manager or Designee	Date

CONTRACTOR: PER 59 O.S. STATE STATUTE 1750.2 (7)

- The individual named above is a CONTRACT security guard.(also referred by some as a 1099 contractor or independent contractor)

This notice of employment is to inform CLEET that the above named person has been employed by this agency as a contractor and will provide his/her own bond coverage. **Proof of the bond coverage must be attached with this notice of employment.** (Unarmed Security Guards \$5,000 and Armed Security Guards \$10,000)

_____	_____	_____
Print Name of Manager or Designee	Signature of Manager or Designee	Date

NOTICE OF TERMINATION

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>LAST 4 OF SSN</u>	<u>License Number</u>	<u>Date Terminated</u>
_____	_____	_____	_____	_____	_____

Comments: _____

_____	_____	_____
Print Name of Manager or Designee	Signature of Manager or Designee	Date

SIGNATURE OF MANAGER OR DESIGNEE REQUIRED FOR ACCEPTANCE